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APR 17 2018

HEALTH FACILITIES & SERVICES REVIEW BOARD

April 16, 2018

Kathy Olson, Board Chair Illinois Health Facilities and Services Review Board 525 West Jefferson Street, 2nd Floor

Re: Renewal of a Permit-10-065-Park Pointe - South Elgin Healthcare and Rehabilitation Center

Ms. Olson:

Springfield, Illinois 62761

We are respectfully requesting a "Renewal of a Permit" regarding the above cited property.

- 1.) The requested completion date is now May 2020.
- 2.) The project status is that entitlements have been obtained and architectural/engineering drawings are complete through final design. (See Attachment labeled Exhibit 1)
- 3.) The reason for the delay in the project is directly related to financing and changes in the Primary Market Area (PMA) At the date of issue of the CON permit, the project had the necessary approvals to obtain an allocation of bonds in the amount of \$15,444,500. However, given the environment in the capital markets at the time, we were unsuccessful in securing a financial institution to provide the necessary credit enhancement that would allow us to sell the bonds in the marketplace. As such, the bond commitment expired. Subsequent to their expiration, we had preliminarily obtained debt financing for the project through the EB5 Regional Center for permit #10-065 in the amount of \$22,200,000 to develop the Skilled Nursing Facility. Upon final market analysis and appraisal it was found that several of the facilities in the PMA were failing operationally. This was in large part due to mismanagement and/or functionally obsolete facilities. Upon receipt of the analysis and change in the PMA, the project had to be re-evaluated once again and the debt financing expired. We have now been successful in obtaining private funds for this project.

EXHIBIT 1

Project Costs and Sourcés of Funds vs Costs to Date

Complete the following table listing all costs (refer to Part 1120.110) associated with the project. When a project or any component of a project is to be accomplished by lease, donation, gift, or other means, the fair market or dollar value (refer to Part 1130.140) of the component must be included in the estimated project cost. If the project contains non-reviewable components that are not related to the provision of health care, complete the second column of the table below. Note, the use and sources of funds must equal.

USE OF FUNDS	1	CLINICAL	N	ON-CLINICAL	l	TOTAL	Co	osts to Date
Preplanning Costs	\$	44,240	\$	11,760	\$	56,000	\$	40,650
Site Survey and Soil Investigation	\$	7,900	\$	2,100	\$	10,000	\$	5,500
Site Preparation	\$	395,000	\$	105,000	\$	500,000	\$	-
Off Site Work	\$	316,000	\$	84,000	\$	400,000	\$	-
New Construction Contracts	\$	10,724,764	\$	2,850,887	\$	13,575,650	\$	
Modernization Contracts	\$	-	\$	•	\$	<u>.</u>	\$	-
Contingencies	\$	703,175	\$	186,920	\$	890,096	\$	
Architectural/Engineering Fees	\$	518,559	\$	137,845	\$	656,404	\$	580,000
Consulting and Other Fees	\$	1,631,620	\$	433,722	\$	2,065,342	\$	658,750
Movable or Other Equipment (not in construction contracts)	\$	1,142,571	\$	303,721	\$	1,446,292	\$	
Bond Issuance Expense (project related)	\$	474,000	\$	126,000	\$	600,000	\$	-
Net Interest Expense During Construction (project related)	\$	1,028,580	\$	273,420	\$	1,302,000	\$	_
Fair Market Value of Leased Space or Equipment	\$	-	\$	-	\$	-	\$	
Other Costs To Be Capitalized	\$	165,900	\$	44,100	\$	210,000	\$	100,000
Acquisition of Building or Other Property (excluding land)	\$	-	\$		\$		\$	
TOTAL USES OF FUNDS	\$	5,009,420	\$	1,331,618	\$	21,711,784	\$	1,384,900
SOURCE OF FUNDS		CLINICAL	NC	ON-CLINICAL		TOTAL		TOTAL
Cash and Securities	\$	-	\$	-	₩	•	\$	
Pledges	\$		\$	-	\$	-	\$	
Gifts and Bequests	\$	-	\$	-	\$	-	\$	-
Bond Issues (project related)	\$	15,444,500	\$	4,105,500	\$	19,550,000	\$	
Mortgages	\$	•	\$	-	\$	-	\$	-
Leases (fair market value)	\$	-	\$	-	\$	-	\$	_
Governmental Appropriations	\$	-	\$	-	\$	-	\$	-
Grants .	\$	•	\$	-	\$	-	\$	
Other Funds and Sources - Land Value, Dev Fee	\$	1,707,809	\$	453,975	\$	2,161,784	\$	1,384,900
	\$	17,152,309	\$	4,559,475	\$	21,711,784	\$	1,384,900

FILE # 03376362 Form LLC-35.40/ Illinois Limited Liability Company Act This space for use by Secretary of State. July 2017 **Application for Reinstatement Following** Secretary of State Administrative Dissolution or Revocation Department of Business Services Limited Liability Division **SUBMIT IN DUPLICATE** 501 S. Second St., Rm. 351 Type or print clearly. Springfield, IL 62756 217-524-8008 www.cyberdriveitlmois.com Filing Fee: \$200 Total payment must be made by certified check, cashier's check, Approved: Illinois attorney's check, Illinois C.P.A.'s check or money order payable to Secretary of State. 1. Limited Liability Company name as of the date of issuance of Notice of Dissolution or Revocation: SOUTH ELGIN REAL HEALTHCARE & REHABILITATION CENTER, LLC 2. If applicable, new name of Limited Liability Company (Form LLC 5.25 or LLC 45.25 must accompany this application): 3. State of organization: ILLINOIS 4. Date Notice of Oissolution or Revocation issued: 03/08/2013 JAMES S. HARKNESS Registered agent: First Name Middle Initial Last Name 1001 WARRENVILLE ROAD, STE 500 Registered office: Number Street Suite # (P.O. Box alone or LISLE 60532 c/o is unacceptable.) City ZIP Code Note: If the registered agent and/or office address has changed since dissolution or revocation, complete form LLC 1.36/1.37 and submit with this application. This application is accompanied by all amendments necessary to change, add or remove an existing provision, by all delinquent reports, information requirements and registrations due and therefore becoming due, together with all fees and penalties required.

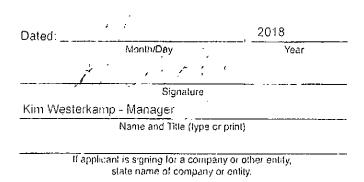
I affirm under penalties of perjury, having authority to sign hereto, that this application for reinstatement is to the best of my knowledge and belief, true, correct and complete.

Dated:	2018
Month/Day	Year
Signature	<u> </u>
Kim Westerkamp - Manager	
Name and Title (type or pri	nl)
If applicant is signing for a company of	r other entity,

FILE # 03376362 Form **LLC-5.25** Illinois Limited Liability Company Act This space for use by Secretary of State. July 2017 **Articles of Amendment** Secretary of State Department of Business Services Limited Liability Division SUBMIT IN DUPLICATE 501 S. Second St., Rm. 351 Springfield, IL 62756 Type or print clearly. 217-524-8008 www.cyberdriveillinois.com Filing Fee: \$50 Payment may be made by check payable to Secretary of State. If Approved: check is returned for any reason this filing will be void. 1. Limited Liability Company name: SOUTH ELGIN HEALTHCARE & REHABILITATION CENTER, LLC 2. Articles of Amendment effective on: the file date a later date (not to exceed 30 days after the file date) Month, Day, Year 3. Articles of organization are amended as follows (check applicable item(s) below): ☐ a) Admission of a new manager (give name and address below)* M b) Withdrawal of a manager (give name below) 🗹 c) Change in address of the office at which the records required by Section 1-40 of the Act are kept (give new address, a P.O. Box alone or C/O is unacceptable) (d) Change of registered agent and/or registered agent's office (give new name and/or address below, address change to P.O. Box alone or C/O is unacceptable) [1] e) Change in the Limited Liability Company's name (give new name below)** (1) f) Change in date of dissolution (state perpetual or date of dissolution below) ☐ g) Establish authority to issue series (fee \$300, see NOTE) [] h) Other (give information in space below)* Only managers and any member with the authority of manager are required to be reported. Additional information: b. Lewis Borsellinio c. 800 Roosevelt Road, Building E, Suite 218, Glen Ellyn, Illinois 60137 d. James S. Harkness, 1001 Warrenville Road, Suite 500, Lisle, Illinois 60532 "New name of LLC (as changed): The name as changed must contain the words Limited Liability Company, LLC or L.L.C.

(continued)

- 4. The amendment was approved in accordance with Section 5-25 of the Illinois Limited Liability Company Act.
- 5. I affirm under penalties of perjury, having authority to sign hereto, that these Articles of Amendment are to the best of my knowledge and belief, true, correct and complete.



NOTE:

The following paragraph is adopted when Item 3g is checked:

The operating agreement provides for the establishment of one or more series. When the company has filed a Certificate of Designation for each series, which is to have limited liability pursuant to Section 37-40 of the Illinois Limited Liability Company Act, the debts, liabilities and obligations incurred, contracted for or otherwise existing with respect to a particular series shall be enforceable against the assets of such series only, and not against the assets of the Limited Liability Company generally or any other series thereof, and unless otherwise provided in the operating agreement, none of the debts, liabilities, obligations or expenses incurred, contracted for or otherwise existing with respect to this company generally or any other series thereof shall be enforceable against the assets of such series.

FILE# 03376362 Form LLC-1.36/1.37 Illinois Limited Liability Company Act This space for use by Secretary of State. July 2017 Statement of Change of Registered Secretary of State Department of Business Services Agent and/or Registered Office Limited Liability Division 501 S. Second St., Rm. 351 SUBMIT IN DUPLICATE Springfield, IL 62756 Type or print clearly. 217-524-8008 www.cyberdriveillinois.com This space for use by Secretary of State. Payment may be made by check Filing Fee: \$25 payable to Secretary of State. If check Penalty (See Note 1 on page 2.): is returned for any reason this liling will be void. Approved: SOUTH ELGIN HEALTHCARE & REHABILITATION CENTER, LLC Limited Liability Company name: 2. Name and address of registered agent and registered office as they appear on the records of the Office of the Secretary of State (before change): NATIONAL REGISTERED AGENTS Registered agent: Casi Manie First Name Middie Name 200 W ADAMS ST STE 2007 Registered office: Suite No. (P.O. Box alone is unacceptable) Numbar Straet CHICAGO JL 60606 City ZIP Code Name and address of registered agent and registered office shall be (after all changes herein reported): JAMESS HARKNESS Registered agent: (See notes) First Name Middle Name Last Name 1001 WARRENVILLE ROAD, STE 500 Registered office: Stree! Snile No. (P.O. Box alone is unacceptable) (See notes) Number 60532 LISLE Ш ZIP Cade City The address of the registered office and the address of the business office of the registered agent, as changed, will be identical. 5. The above change was authorized by: (check one box only) a. Vi the members or managers. b. +1 action of the registered agent. (See Note 5 on page 2.) 6. The undersigned affirms, under penalties of perjury, having authority to sign hereto, that this statement of change of registered agent and/or registered office is to the best of my knowledge and belief, true, correct and complete. Dated: _ Kim Westerkamp - Manager Name and Title (type or print)

NOTES

- 1. A \$300 penalty applies when the Limited Liability Company fails to appoint and maintain a registered agent in Illinois within 60 days of notification of the Secretary of State by the resigning agent.
- 2. The registered office may, but need not be, the same as the principal office of the Limited Liability Company. However, the registered office and the office address of the registered agent must be the same.
- The registered office must include an Illinois street or road address (P.O. Box alone is unacceptable). The registered
 office address is limited to 30 characters including spaces. Consult <u>USPS.com</u> for help with standard formatting and
 abbreviations.
- 4. A Limited Liability Company cannot act as its own registered agent.
- 5. The registered agent must reside in Illinois. If the agent is a business entity, it must be authorized to act as an agent in this state. The registered agent may report a change of the registered office address of the Limited Liability Company for which he/she is a registered agent. When the agent reports such a change, this statement must be signed by the registered agent. If a business entity is acting as the registered agent, an authorized person must sign this statement.

Form LLC-50.1 FILE# 03376362 Illinois Limited Liability Company Act Due prior to: 09/01/2012 July 2017 **Annual Report** Secretary of State This space for use by Secretary of State Department of Business Services Limited Liability Division Type or print clearly 501 S Second St., Rm 351 Springfield, IL 62756 Filing Fee: \$75 217-524-8008 Series Fee, If required: www.cyberdriveillinois.com Penalty: Payment may be made by check Total: payable to Secretary of State. If check Approved: is returned for any reason this filing will be vold. 1. Limited Liability Company name: SOUTH ELGIN HEALTHCARE & REHABILITATION CENTER, LLC Registered agent: James S. Harkness Registered office, 1001 Warrenville Road, Ste 500, Liste Number State or country of organization: Iffinois Date organized in or admitted to Illinois: 09/08/2010 3. Address of principal place of husiness: (P.O. Box alone is unacceptable.) 800 Rooseveit Road, Building E, Suile 218, Glen Ellyn, Illinois 60137 Winter Stute City State ZIP 4. Names and business addresses of managers and any member with the authority of manager: Kim Westerkamp, 800 Roosevelt Road, Building E, Suite 218, Glen Ellyn, Illinois 60137 Number & Street Marine City State Number & Street ZIF Nune Number & Street Dame City, State Man's Number 3 Streot City, State 710 Name Number & Street Oity, State City, State Maine Humber & Street 752 Namo Mighber & Street City, State ΖIP (Add arkin, indistricts of this size it more space is needed) 5. Managers other than a natural person affirm their current existence. Changes to the registered agent and/or registered office must be submitted on Form LLC-1.36/1.37. 7. I affirm, under penalties of perjury, having authority to sign thereto, that this Annual Report is to the best of my knowledge and belief, true, correct and complete. Dated: _ A late filing penalty of \$300 will apply Month/Day Year if this report is not filed within 60 days after the due date. Signature Kint Westerkamp, Manager Name and Title (type or print)

FILE# 03376362 Form LLC-50.1 Illinois Limited Liability Company Act Due prior to: 09/01/2013 July 2017 **Annual Report** Secretary of State This space for use by Secretary of State Department of Business Services Limited Liability Division Type or print clearly. 501 S. Second St., Rm. 351 Springfield, IL 62756 Filing Fee: \$75 217-524-8008 Series Fee, if required: www.cyberdriveillinois.com Penalty: Payment may be made by check Total: payable to Secretary of State. If check Approved: is returned for any reason this filing will be void. 1. Limited Liability Company name: SOUTH ELGIN HEALTHCARE & REHABILITATION CENTER, LLC Registered agent: James S Harkness Registered office: 1001 Warrenville Road, Ste 500, Lisle 2. State or country of organization: Illinois Date organized in or admitted to Illinois: 09/08/2010 3. Address of principal place of business: (P.O. Box alone is unacceptable.) 800 Roosevelt Road, Building E, Suite 218, Glen Ellyn, Illinois 60137 Number ZIP City, State 4. Names and business addresses of managers and any member with the authority of manager: Kim Westerkamp, 800 Roosevelt Road, Building E, Suite 218, Glen Ellyn, Illinois 60137 Marrie Number & Street ZIP 2IP Name Number & Street City State Name Number & Street City State Name Number & Street City State ΖIP 710 Name City, State Number & Street City, State rieme Number & Suget Name Number & Street City, State Zir (Add additional sheets of this size if more space is needed.) Managers other than a natural person affirm their current existence. Changes to the registered agent and/or registered office must be submitted on Form LLC-1.36/1.37. 7. Laffirm, under penalties of perjury, having authority to sign thereto, that this Annual Report is to the best of my knowledge and belief, true, correct and complete. Dated: A late filing penalty of \$300 will apply Month/Day if this report is not filed within 60 days after the due date.

If applicant is a company or other entity, state name of company or entity.

Name and Title (type or print)

Kim Westerkamp, Manager

July 2017 Secretary of State Department of Business Services Limited I lability Civision 501 S. Second St., Fm. 351 Springfield, IL. 62756 217-524-8008 www.cyberdriveillinois.com Payment may be made by check payable to Secretary of State. If check is returned for any reason this filling will be void.	Approved:	/ Company Act Report	FILE # 03376362 Due prior to: 09/01/2014 This scale if the use by Secretary of Stills
Limited Liability Company name: Language C. Hadi		CARE & REHABILITAT	ION CENTER, LLC
Registered agent: James S. Harl	kness		
Registered office: 1001 Warreny	Alle Road, Ste 500, Lisie	Caty	IL 60532
2. State or country of organization:		•	admitted to Illinois: 09/08/2010
3. Address of principal place of bus 800 Roosevelt Road, Building E. Name-r. 4. Names and business addresses of the Westerkeyn, 800 Roosevelt.	, Suite 218, Glen Ellyn, Illin et S si managers and any memb	nois 60137 Gigs er with the authority of m	anagor:
Kim Westerkamp, 800 Rooseve	Harber & Street	City State	71P
hame	Number & Street	City, State	ZIP
Name	Number & Streat	City, Stata	ΖΙΡ
Name	Number & Street	City State	ZIP
Name	Number & Street	City State	ZiP
Namo	Number & Street	Cdy State	ZIF
Mario	Number & Street (A tot aduntional size as of this	City State	7ip
5. Managers other than a natural per		•	
 Changes to the registered agent at 	nd/or registered office must	be submitted on Form L	I.C-1.36/1.37.
 I affirm, under penalties of perjury, and belief, true, correct and complete 		ereto, that this Annual Re	eport is to the best of my knowledge
		ated:	2018
A late filing penalty of \$300 will app if this report is not filed within 60 da after the due date.		Month/L	·
		Sins Mantaulanna BA	Signature
	K	lim Westerkamp, Manag	et et

FILE # 03376362 Form LLC-50.1 Illinois Limited Liability Company Act Due prior to: 09/01/2015 July 2017 **Annual Report** Secretary of State This space for use by Secretary of State Department of Business Services Limited Liability Division Type or print clearly, 501 S. Second St., Rm. 351 Springfield, IL 62756 Filing Fee: \$75 217-524-8008 Series Fee, if regulred: www.cyberdriveillinois.com Penalty: Payment may be made by check Total: payable to Secretary of State. If check Approved: is returned for any reason this filing will be void. 1. Limited Liability Company name: SOUTH ELGIN HEALTHCARE & REHABILITATION CENTER LLC Registered agent: James S. Harkness Registered office: 1001 Warrenville Road Ste 500, Liste 60532 Number 2. State or country of organization: Illinois Date organized in or admitted to Illinois: 09/08/2010 Address of principal place of business: (P.O. Box alone is unacceptable.) 800 Roosevelt Road, Building E, Suite 218 Glen Ellyn, Illinois 60137 Number ZiP City, State 4. Names and business addresses of managers and any member with the authority of manager: Kim Westerkamp, 800 Roosevelt Road, Buriding E. Suite 218, Glen Ellyn, Illinois 60137 Maine Number & Street City, State ZIP Hame Number & Street City, Slate 710 Name Humber & Street 711 City State Name Number & Street City State Name Number & Street City, State ZIP Name Number & Street City, State City State Name Number & Street ZIP (Add additional sheets of this size if more space is needed.) Managers other than a natural person affirm their current existence. Changes to the registered agent and/or registered office must be submitted on Form LLC-1,36/1,37. 7. I affirm, under penalties of perjury, having authority to sign thereto, that this Annual Report is to the best of my knowledge and belief, true, correct and complete. A late filing penalty of \$300 will apply Month/Day Year if this report is not filed within 60 days after the due date. Sfgnature Kim Westerkamp Manager Name and Title (type or print)

FILE # 03376362 form LLC-50.1 Illinois Limited Liability Company Act Due prior to: 09/01/2016 July 2017 **Annual Report** Secretary of State This space for use by Secretary of State Department of Business Services Limited Liability Division Type or print clearly. 501 S. Second St., Rm. 351 Springfield, IL 62756 Filing Fee: \$75 217-524-8008 Series Fee, if required: www.cyberdnyeillinnis.com Penalty: Payment may be made by check Total: payable to Secretary of State. If check Approved: is returned for any reason this filing will be void. 1. Limited Liability Company name: SOUTH ELGIN HEALTHCARE & REHABILITATION CENTER, LLC Registered agent: James S. Harkness _{IL} 60532 Registered office: 1001 Warrenville Road Ste 500, Lisla 2. State or country of organization: Illinois Date organized in or admitted to Illinois: 09/08/2010 3. Address of principal place of business: (P.O. Box alone is unacceptable.) 800 Roosevalt Road, Building E. Suite 218, Glen Ellyn, Illinois 60137 र तेल अ Sulle Ziř City State 4. Names and business addresses of managers and any member with the authority of manager: Kim Westerkamp, 800 Roosevelt Road, Building E. Snite 218, Glen Ellyn, Illinois 60137 Hame Number & Street 71P Name ZIF Number & Street City State i Sione Number & Street City State Hame Murcher & Steel Olly State zır Number & Street Cdy, State Name Number & Street City State Lame Number & Street City, State (Add additional sheets of this size if more space is needed) Managers other than a natural person affirm their current existence. Changes to the registered agent and/or registered office must be submitted on Form LLC-1.36/1.37. 7. I affirm, under penalties of parjury, having authority to sign thereto, that this Annual Report is to the best of my knowledge and belief, true, correct and complete. A late filing penalty of \$300 will apply Month/Day if this report is not filed within 60 days after the due date. Signature Kim Westerkamp Manager Name and Title (type or print)

Form **LLC-50.1** FILE # 03376362 Illinois Limited Liability Company Act Due prior to: 09/01/2017 July 2017 **Annual Report** Secretary of State This space for use by Secretary of State Department of Business Services Limited Liability Division Type or print clearly. 501 S. Second St., Am. 351 Springfield, IL 62756 Filing Fee: \$75 217-524-8008 Series Fee, if required: www.cyber@riveillinois.com Penalty: Payment may be made by check Total: payable to Secretary of State. If check Approved: is returned for any reason this filing will be vold. 1. Limited Liability Company name: SOUTH ELGIN HEALTHCARE & REHABILITATION CENTER. LLC Registered agent: James S. Harkness Registered office: 1001 Warrenville Road, Ste 500, Lisle Sheel 2. State or country of organization: Illinois Date organized in or admitted to Illinois: 09/08/2010 3. Address of principal place of business: (P.O. Box alone is unacceptable.) 800 Roosevelt Road, Building E, Suite 218, Glen Ellyn, Illinois 60137 Norrber ZIP City State 4. Names and business addresses of managers and any member with the authority of manager: Kim Westerkamp, 800 Roosevelt Road, Building E, Suite 218, Glen Ellyn, Illinois 60137 Name Number & Street City, State Name Number & Street City, State ZIP Name Number & Street City, State ZIP Manie Number & Street City, State ZIP Name Number & Street City, State Name Number & Street City State harre City State Number & Street خزاخ (Add additional sheets of this size if more space is needed) 5. Managers other than a natural person affirm their current existence, Changes to the registered agent and/or registered office must be submitted on Form LLC-1.36/1.37. 7. I affirm, under penalties of perjury, having authority to sign thereto, that this Annual Report is to the best of my knowledge and belief, true, correct and complete. 2018 A late filing penalty of \$300 will apply Year if this report is not filed within 60 days

If applicant is a company or other entity state name of company or entity.

Name and Title (type or print)

Kim Westerkamp, Manager

after the due date.

		•

Form LLC-35.40/

July 2017

Secretary of State Department of Business Services Limited Liability Division 501 S. Second St., Rm. 351 Springfield, IL 62756 217-524-8008 www.cyberdriveillinois.com

Total payment must be made by certified check, cashier's check, Illinois attorney's check, Illinois C.P.A.'s check or money order payable to Secretary of State.

Illinois Limited Liability Company Act Application for Reinstatement Following Administrative Dissolution or Revocation

SUBMIT IN DUPLICATE

Type or print clearly.

Filing Fee: \$200 Approved:

FILE # 03376354

This space for use by Secretary of State

1.	Limited Liability Compa	any name as of the date o	of issuan c e of Notice of Dissolution or	Revocation:
	PRISM SOUTH ELGI	N REAL HOLDINGS 1, L	LC	
2.	If applicable, new name	e of Limited Liability Com	pany (Form LLC 5.25 or LLC 45.25 m	ust accompany this application):
3.	State of organization:	ILLINOIS		
4.	Date Notice of Dissoluti	on or Revocation issued:	03/08/2013	
5.	Registered agent:	JAMESS HARKNESS		
		First Name	Middle Initial	Last Name
	Registered office:	1001 WARRENVILLE R	ROAD, STE 500	
	5	Number	Street	Suite #
	(P.O. Box alone or c/o is unacceptable.)	LISLE	IL	60532
			City	ZIP Code

Note: If the registered agent and/or office address has changed since dissolution or revocation, complete form LLC 1.36/1.37 and submit with this application.

This application is accompanied by all amendments necessary to change, add or remove an existing provision, by all delinquent reports, information requirements and registrations due and therefore becoming due, together with all fees and penalties required.

Laffirm under penalties of perjury, having authority to sign hereto, that this application for reinstatement is to the best of my knowledge and belief, true, correct and complete.

Dated:		2018
	Monin/Day .	Year
1 1 1	to the second	
7	Signature	
Kim Westerka	ımp - Manager 💎 📝	
	Name and Title (type or print))
if app	icant is signing for a company or o	other entity,

state name of company or entity

Form **LLC-5.25** FILE # 03376354 Illinois Limited Liability Company Act This space for use by Secretary of State. July 2017 **Articles of Amendment** Secretary of State Department of Business Services Limited Liability Division SUBMIT IN DUPLICATE 501 S. Second St., Rm. 351 Springfield, IL 62756 Type or print clearly. 217-524-8008 www.cyberdriveillinois.com Filing Fee: \$50 Payment may be made by check payable to Secretary of State. If Approved: check is returned for any reason this filing will be void. 1. Limited Liability Company name: PRISM SOUTH ELGIN REAL ESTATE HOLDINGS 1, LLC 2. Articles of Amendment effective on: the file date [] a later date (not to exceed 30 days after the file date) Month, Day, Year 3. Articles of organization are amended as follows (check applicable item(s) below): ☐ a) Admission of a new manager (give name and address below)* (give name below) V/ c) Change in address of the office at which the records required by Section 1-40 of the Act are kept (give new address, a P.O. Box alone or C/O is unacceptable) 🗹 d) Change of registered agent and/or registered agent's office (give new name and/or address below, address change to P.O. Box alone or C/O is unacceptable) Change in the Limited Liability Company's name (give new name below)** f) Change in date of dissolution (state perpetual or date of dissolution below) (1) g) Establish authority to issue series (fee \$300, see NOTE) h) Other (give information in space below)* Only managers and any member with the authority of manager are required to be reported. Additional information: b. Lewis Borsellinio c. 800 Roosevelt Road, Building E, Suite 218, Glen Ellyn, Illinois 60137 d James S Harkness, 1001 Warrenville Road, Suite 500, Lisle, Illinois 60532 "New name of LLC (as changed): The name as changed must contain the words Limited Liability Company, LLC or L.L.C.

(continued)

LLC-5.25

- 4. The amendment was approved in accordance with Section 5-25 of the Illinois Limited Liability Company Act.
- 5. Laffirm, under penalties of perjury, having authority to sign hereto, that these Articles of Amendment are to the best of my knowledge and belief, true, correct and complete.

ated:	Month (Day)	Year
	Month/Day	Ita
		•
	Signature	
ını Westerkamp	- Manager	,
	Name and Title (type or p	orint)
	,,,,	•

NOTE:

The following paragraph is adopted when Item 3g is checked:

The operating agreement provides for the establishment of one or more series. When the company has filed a Certificate of Designation for each series, which is to have limited liability pursuant to Section 37-40 of the Illinois Limited Liability Company Act, the debts, liabilities and obligations incurred, contracted for or otherwise existing with respect to a particular series shall be enforceable against the assets of such series only, and not against the assets of the Limited Liability Company generally or any other series thereof, and unless otherwise provided in the operating agreement, none of the debts, liabilities, obligations or expenses incurred, contracted for or otherwise existing with respect to this company generally or any other series thereof shall be enforceable against the assets of such series.

FILE# 03376354 Form LLC-1.36/1.37 Illinois Limited Liability Company Act This space for use by Secretary of State. July 2017 Statement of Change of Registered Secretary of State Department of Business Services Agent and/or Registered Office Limited Liability Division 501 S. Second St., Rm. 351 SUBMIT IN DUPLICATE Springfield, IL 62756 217-524-8008 Type or print clearly. www.cyberdriveillmois.com This space for use by Societary of State. Payment may be made by check Filing Fee: \$25 payable to Secretary of State. If check Penalty (See Note 1 on page 2.): is returned for any reason this filing will be void. Approved: PRISM SOUTH ELGIN REAL ESTATE HOLDINGS 1, LLC 1. Limited Liability Company name: 2. Name and address of registered agent and registered office as they appear on the records of the Office of the Secretary of State (before change): NATIONAL REGISTERED AGENTS Registered agent Middle Name 200 W ADAMS ST STE 2007 Registered office: Suite No. (P.O. Box alone is unacceptable) Number CHICAGO 11, 60606 ZIP Code Name and address of registered agent and registered office shall be (after all changes herein reported); JAMES S HARKNESS Registered agent: (Seu notes) 1001 WARRENVILLE ROAD, STE 500 Registered office: Sinte No. (P.O. Box alone is unacceptable) Number Street (See notes) 60532 IL ZIP Corle The address of the registered office and the address of the business office of the registered agent, as changed, will be identical. 5. The above change was authorized by: (check one box only) a. A the members or managers. b. _1 action of the registered agent. (See Note 5 on page 2.) 6. The undersigned affirms, under penalties of perjury, having authority to sign hereto, that this statement of change of registered agent and/or registered office is to the best of my knowledge and belief, true, correct and complete.

Kim Westerkamp - Manager

Signature

Name and Title (type or print)

NOTES

- 1. A \$300 penalty applies when the Limited Liability Company fails to appoint and maintain a registered agent in Illinois within 60 days of notification of the Secretary of State by the resigning agent.
- 2. The registered office may, but need not be, the same as the principal office of the Limited Liability Company. However, the registered office and the office address of the registered agent must be the same.
- The registered office must include an Illinois street or road address (P.O. Box alone is unacceptable). The registered
 office address is limited to 30 characters including spaces. Consult <u>USPS.com</u> for help with standard formatting and
 abbreviations.
- 4. A Limited Liability Company cannot act as its own registered agent.
- 5. The registered agent must reside in Illinois. If the agent is a business entity, it must be authorized to act as an agent in this state. The registered agent may report a change of the registered office address of the Limited Liability Company for which he/she is a registered agent. When the agent reports such a change, this statement must be signed by the registered agent. If a business entity is acting as the registered agent, an authorized person must sign this statement.

FH.E # 03376354 Form **LLC-50.1** Illinois Due prior to: 09/01/2012 Limited Liability Company Act July 2017 Annual Report Secretary of State This space for use by Schotling of State. Department of Business Services Limited Frability Division Type or print clearly 501 S. Second St., Rm. 351 Springfield, IL 62756 Filing Fee: \$75 217-524-8008 Series Fee, if required: www.cyberdriveill.nois.com Penalty: Payment may be made by check Total: payable to Secretary of State. If check Approved: is returned for any reason this filing will be void. 1. Limited Liability Company name: PRISM SOUTH FLGIN REAL ESTATE HOLDINGS 1 LLC Registered agent: James S. Harkness Registered office. 1001 Warrenville Road, Ste 500. Lisle Date organized in or admitted to Illinois. 09/08/2010 2. State or country of organization: Illinois Address of principal place of business: (P.O. Box alone is unacceptable.) 800 Roosevelt Road, Building E, Suite 218, Gfen Ellyn, Illinois 60137 ŽIP ty imber City State 4. Names and business addresses of managers and any member with the authority of manager: Kim Westerkamp, 800 Roosevelt Road, Building E., Suite 218, Glen Ellyn, Illinois 60137 Nauce Number & Street 711 ZIP City, State Gan e Number & Street City, Stare 7117 Number & Street farr t City Stale Ziti Name Mumber & Street /IP Name Number & Street City State 713 Numbar & Stréist City State Name City, Stats Humiber & Street dame (Add additional sheets of this size: I more space is needed to 5. Managers other than a natural person affirm their current existence. 6. Changes to the registered agent and/or registered office must be submitted on Form LLC-1.36/1.37. 7. Laffirm, under penalties of perjury, having authority to sign thereto, that this Annual Report is to the best of my knowledge and helief, true, correct and complete. Dated: A late filing penalty of \$300 will apply Month/Day Year if this report is not filed within 60 days after the due date. Signature Kim Westerkamp, Manager Name and Title (type or print)

FILE # 03376354 Form LLC-50.1 Illinois Due prior to: 09/01/2013 Limited Liability Company Act July 2017 **Annual Report** Secretary of State This space for use by Secretary of State Department of Business Services Type or print clearly. Limited Liability Division 501 S. Second St., Rm. 351 Springfield, IL 62756 Filing Fee: \$75 217-524-8008 Series Fee, if required: www.cyberdriveillinois.com Penalty: Payment may be made by check Total: payable to Secretary of State. If check Approved: is returned for any reason this filing will be void. 1. Limited Liability Company name: PRISM SOUTH ELGIN REAL ESTATE HOLDINGS 1, LLC Registered agent: James S. Harkness Registered office: 1001 Warrenville Road, Ste 500, Liste Date organized in or admitted to Illinois: 09/08/2010 2. State or country of organization: Ill-nois 3. Address of principal place of business: (P.O. Box alone is unacceptable.) 800 Roosevelt Road, Building E, Suite 218, Glen Ellyn, Illinois 60137 712 Number City State 4. Names and business addresses of managers and any member with the authority of manager: Kim Westerkamp, 800 Roosevelt Road, Building E, Suite 218, Glen Ellyn, Illinois 60137 City, State Number & Street Name Number & Street City, State 218 Name 712 Number & Street City State Name City State 710 Name Number & Street City State 712 9 mcM Number & Street Number & Street City State Name City, State Number & Street (Add additional sheets of this size if more space is needed.) Managers other than a natural person affirm their current existence. Changes to the registered agent and/or registered office must be submitted on Form LLC-1.36/1.37. 7. I affirm, under penalties of perjury, having authority to sign thereto, that this Annual Report is to the best of my knowledge and belief, true, correct and complete. 2018 Year A late filing penalty of \$300 will apply if this report is not filed within 60 days after the due date. Signature Kim Westerkamp, Manager Name and Title (type or print)

FILE# 03376354 Form **LLC-50.1** Illinois Limited Liability Company Act Due prior to: 09/01/2014 July 2017 **Annual Report** Secretary of State In sispace for use by Secretary of State Department of Business Services Type or print clearly Limited Liability Division 501 S. Second St., Rm. 351 Springfield, IL 62756 Filing Fee: \$75 217-524-8008 Series Fee, if required: www.cyberdriveillinois.com Penalty: Payment may be made by check Total: payable to Sccretary of State. If check Approved: is returned for any reason this filing will be void. 1. Limited Liability Company name: PRISM SOUTH ELGIN REAL ESTATE HOLDINGS 1, LLC Registered agent: James S. Harkness Registered office: 1001 Warrenville Road Ste 500, Liste H = 60532Date organized in or admitted to Illinois: 09/08/2010 2. State or country of organization: Illinois 3. Address of principal place of business: (P.O. Box alone is unacceptable.) 800 Roosevelt Road, Building E, Suite 218 Glen Ellyn, Illinois 60137 713 Macher City, State 4. Names and business addresses of managers and any member with the authority of manager: Kim Westerkamp, 800 Roosevelt Road, Building E. Suite 218, Glen Eilyn, Illinois 60137 710 City, State Marie Number & Stract Liure City State Number & Street žir City, State Hamilier & Sueso Name ZiP City, Slate Naice Number & Street City, State Name Humber & Street Hame City, State Number & Street 11:3 Number & Street City State Narre (AdJ additional shoots of ministize if more snace is needed to Managers other than a natural person affirm their current existence. Changes to the registered agent and/or registered office must be submitted on Form LLC-1.36/1.37. 7. Taffirm, under penalties of perjury, having authority to sign thereto, that this Annual Report is to the best of my knowledge and belief, true, correct and complete. A late filing penalty of \$300 will apply Month/Day if this report is not filed within 60 days after the due date. Signature Kim Westerkamp, Manager Name and Title (type or print)

Form LLC-50.1 FILE # 03376354 Illinois Limited Liability Company Act Due prior to: 09/01/2015 July 2017 **Annual Report** Secretary of State this space for use by Secretary of State Department of Business Services Limited Liability Division Type or print clearly. 501 S. Second St., Rm. 351 Springfield, IL 62756 Filing Fee: \$75 217-524-8008 Series Fee, if required: www.cyberdriveill:nois.com Penalty: Payment may be made by check Total: payable to Secretary of State. If check Approved: is returned for any reason this filing will be void. 1. Limited Liability Company name: PRISM SOUTH ELGIN REAL ESTATE HOLDINGS 1, LLC Registered agent: James S. Harkness Registered office: 1001 Warrenville Road Ste 500 Liste 60532 Number Street State or country of organization: <u>Illinois</u> Date organized in or admitted to Illinois: _09/08/2010 Address of principal place of business: (P.O. Box alone is unacceptable.) 800 Roosevelt Road, Building E. Suite 218 Glen Ellyn Illinois 60137 Number City State 212 4. Names and business addresses of managers and any member with the authority of manager: Kim Westerkamp, 800 Roosevelt Road, Building E. Suite 218, Glen Ellyn, Illinois 60137 Name Number & Street City, State ZIF Name Number & Street City, Stato Name Number & Street 715 City State City State Name Number & Street Name City, State ZiP Number & Street Name Mumber & Street City. State Haire City State 212 Number & Street (Add additional sheets of this size if more space is needed) 5. Managers other than a natural person affirm their current existence. Changes to the registered agent and/or registered office must be submitted on Form LLC-1.38/1.37. 7. I affirm, under penalties of perjury, having authority to sign thereto, that this Annual Report is to the best of my knowledge and belief, true, correct and complete. A late filing penalty of \$300 will apply if this report is not filed within 60 days after the due date. Kim Westerkamp, Manager

Name and Title (type or print)

FILE# 03376354 LLC-50.1 Illinois Due prior to: 09/01/2016 Limited Liability Company Act July 2017 **Annual Report** Secretary of State This space for use by Secretary of Stiffs Department of Business Services Limited Liability Division Type or print clearly 501 S. Second St., Rm, 351 Springfield, It. 62756 Filing Fee: \$75 217-524-8008 Series Fee, if required: www.cyberdriveillinois.com Penalty: Payment may be made by check Total: payable to Secretary of State. If check Approved: is returned for any reason this filing will be void. 1. Limited Liability Company name: PRISM SOUTH ELGIN REAL ESTATE HOLDINGS 1, LLC Registered agent: James S. Harkness Registered office: 1001 Warrenville Road, Ste 500, Liste Steet Steet _{U_} 60532 Date organized in or admitted to Illinois: 09/08/2010 2. State or country of organization: Illinois 3. Address of principal place of business: (P.O. Box alone is unacceptable.) 800 Roosevelt Road, Building E, Suite 218, Glen Ellyn, Illino's 60137 City State ZIF Number 4. Names and business addresses of managers and any member with the authority of manager: Kini Westerkamp, 800 Roosevelt Road, Building E. Suite 218, Glen Ellyn, Illinois 60137 Harr Number & Street ZT Mane Number & Street City, State Number & Street City, State 2H Name ZIP Humber 3 Street City 566e Mame City State Number & Street Hane City, Stare Marre Number & Street Unaber & Street City State ZIE Dame (A Ed additional sheets of this size if more space is needed.) Managers other than a natural person affirm their current existence. Changes to the registered agent and/or registered office must be submitted on Form LLC-1.36/1.37. 7. Laffirm, under penalties of perjury, having authority to sign thereto, that this Annual Report is to the best of my knowledge and belief, true, correct and complete. Dated. Month/Day Yea: A late filing penalty of \$300 will apply if this report is not filed within 60 days after the due date. Signature Kim Westerkamo, Manager Name and Title (type or print)

Form LLC-50.1 FILE # 03376354 Illinois Limited Liability Company Act Due prior to: 09/01/2017 auly 2017 **Annual Report** Secretary of State This space for itsh by Secretary of State Department of Business Services Limited Liability Division Type or print clearly 501 S. Second St., Rm. 351 Springfield, IL 62756 Filing Fee: \$75 217-524-8008 Series Fee, if required: www.cyberdriveillinois.com Penalty: Payment may be made by check Total: payable to Secretary of State. If check Approved: is returned for any reason this filing will be void. 1. Limited Liability Company name: PRISM SOUTH ELGIN REAL ESTATE HOLDINGS 1, LLC Registered agent: James S. Harkness Registered office: 1001 Warrenville Road, Ste 500, Liste յլ 60532 Number Street 2. State or country of organization: Illinois Date organized in or admitted to litinois: 09/08/2010 Address of principal place of business: (P.O. Box alone is unacceptable.) 800 Roosevelt Road, Building E, Suite 218, Glen Ellyn Illinois 60137 Number City, State ZIP 4. Names and business addresses of managers and any member with the authority of manager: Kim Westerkamp, 800 Roosevelt Road, Building E. Suite 218, Gten Ellyn, Illinois 60137 Name Number & Street City State 7IP Name Number & Street City, State 210 Name Number & Street City State ZIP Hame Number & Street City State ZIP Nan e Number & Street City, State 712 Name Number & Street City, State 717 Name Number & Street City State 215 (Add additional sheets of this size it more space is needed t Managers other than a natural person affirm their current existence. Changes to the registered agent and/or registered office must be submitted on Form LLC-1,36/1,37. 7. I affirm, under penalties of perjury, having authority to sign thereto, that this Annual Report is to the best of my knowledge and belief, true, correct and complete. A late filing penalty of \$300 will apply Month/Day If this report is not filed within 60 days after the due date. Signature Kim Westerkamp, Manager Name and Title (type or print)



FILE # 03376214 Illinois LLC-35.40/ Limited Liability Company Act This space for use by Seitretary of State. July 2017 Application for Reinstatement Following Secretary of State **Administrative Dissolution or Revocation** Department of Business Services Limited Liability Division SUBMIT IN DUPLICATE 501 S. Second St., Rm. 351 Type or print clearly. Springfield, IL 62756 217-524-8008 www.cyberdriveillinois.com Total payment must be made by Filing Fee: \$200 certified check, cashler's check, Approved: Illinois attorney's check, Illinois C.P.A.'s check or money order payable to Secretary of State. 1. Limited Liability Company name as of the date of issuance of Notice of Dissolution or Revocation: SOUTH ELGIN REAL ESTATE HOLDINGS I, LLC 2. If applicable, new name of Limited Liability Company (Form LLC 5.25 or LLC 45.25 must accompany this application): 3. State of organization: ILLINOIS 4. Date Notice of Dissolution or Revocation issued: 03/08/2013 JAMES'S HARKNESS 5. Registered agent: First Name Middle Initial Last Name 1001 WARRENVILLE ROAD, STE 500 Registered office: Street Number Suite # (P.O. Box alone or IL LISLE 60532 c/o is unacceptable.) City ZIP Code Note: If the registered agent and/or office address has changed since dissolution or revocation, complete form LLC 1.36/1.37 and submit with this application. This application is accompanied by all amendments necessary to change, add or remove an existing provision, by all delinquent reports, information requirements and registrations due and therefore becoming due, together with all fees and penalties required. Laffirm under penalties of perjury, having authority to sign hereto, that this application for reinstatement is to the best of my knowledge and belief, true, correct and complete.

Kim Westerkamp - Manager

Name and Title (type or print)

FILE# 03376214 Form LLC-5.25 Illinois Limited Liability Company Act This space for use by Secretary of State. July 2017 **Articles of Amendment** Secretary of State Department of Business Services Limited Liability Division SUBMIT IN DUPLICATE 501 S. Second St., Rm. 351 Springfield, IL 62756 Type or print clearly. 217-524-8008 www.cyberdriveillinois.com Filing Fee: \$50 Payment may be made by check payable to Secretary of State. If Approved: check is returned for any reason this filing will be vold. 1. Limited Liability Company name: SOUTH ELGIN REAL ESTATE HOLDINGS I, LLC 2. Articles of Amendment effective on: the file date a later date (not to exceed 30 days after the file date) Month, Day, Year 3. Articles of organization are amended as follows (check applicable item(s) below): a) Admission of a new manager (give name and address below)* M b) Withdrawal of a manager (give name below) (give new address, a P.O. Box alone or C/O is unacceptable) (d) Change of registered agent and/or registered agent's office (give new name and/or address below, address change to P.O. Box alone or C/O is unacceptable) (7 e) Change in the Limited Liability Company's name (give new name below)** (1) Change in date of dissolution (state perpetual or date of dissolution below) ☐ g) Establish authority to issue series (fee \$300, see NOTE) (i) h) Other (give information in space below)* Only managers and any member with the authority of manager are required to be reported. Additional information: b. Lewis Borsellinio c. 800 Roosevelt Road, Building E, Suite 218, Glen Ellyn, Illinois 60137 d. James S. Harkness, 1001 Warrenville Road, Suite 500, Lisle, Illinois 60532

(continued)

The name as changed must contain the words Limited Liability Company, LLC or L.L.C.

**New name of LLC (as changed):

LLC-5.25

- 4. The amendment was approved in accordance with Section 5-25 of the Illinois Limited Liability Company Act.
- 5. I affirm, under penalties of perjury, having authority to sign hereto, that these Articles of Amendment are to the best of my knowledge and belief, true, correct and complete.

Dated:	2018
Month/Day	Year
Signature	-
Kim Westerkamp - Manager	
Name and Title (type	e or print)
If applicant is signing for a companion of companions and a state name of companions are stated as a s	

NOTE:

The following paragraph is adopted when Item 3g is checked:

The operating agreement provides for the establishment of one or more series. When the company has filed a Certificate of Designation for each series, which is to have limited liability pursuant to Section 37-40 of the Illinois Limited Liability Company Act, the debts, habilities and obligations incurred, contracted for or otherwise existing with respect to a particular series shall be enforceable against the assets of such series only, and not against the assets of the Limited Liability Company generally or any other series thereof, and unless otherwise provided in the operating agreement, none of the debts, liabilities, obligations or expenses incurred, contracted for or otherwise existing with respect to this company generally or any other series thereof shall be enforceable against the assets of such series.

Illinois Form LLC-1.36/1.37 Limited Liability Company Act This space for eserby Secretary of Statu-July 2017 Statement of Change of Registered Secretary of State Department of Business Services Agent and/or Registered Office Limited Liability Division 501 S. Second St., Rm. 351 SUBMIT IN DUPLICATE Springfield, IL 62756 217-524-8008 Type or print clearly. www.cyberdriveillinois.com This space for use by Secretary of State. Payment may be made by check Filing Fee: \$25 payable to Secretary of State. If check Penalty (See Note 1 on page 2.): is returned for any reason this filing will be void. Approved: SOUTH ELGIN REAL ESTATE HOLDINGS I, LLC 2. Name and address of registered agent and registered office as they appear on the records of the Office of the Secretary of State (before change): NATIONAL REGISTERED AGENTS Registered agent: Last Name First Name Middle Name 200 W ADAMS ST STE 2007 Registered office: Suite No. (P.O. Box alone is unacceptable) Number Street CHICAGO City ZIP Cede 3. Name and address of registered agent and registered office shall be (after all changes herein reported): JAMES S. HARKNESS Registered agent: Last Name Middle Name (See notes) First Name 1001 WARRENVILLE ROAD, STE 500 Registered office: Suite No. (P.O. Box alone is unacceptable) Street (See notes) Number LISLE ZIP Code City 4. The address of the registered office and the address of the business office of the registered agent, as changed, will be identical. 5. The above change was authorized by: (check one box only) a. Withe members or managers. b. action of the registered agent. (See Note 5 on page 2.) 6. The undersigned affirms, under penalties of perjury, having authority to sign hereto, that this statement of change of registered agent and/or registered office is to the best of my knowledge and belief, true, correct and complete. Dated: Signature Kim Westerkamp - Manager Name and Title (type or print) If applicant is signing for a company or other entity, state name of company or entity.

FILE# 03376214

NOTES

- 1. A \$300 penalty applies when the Limited Liability Company fails to appoint and maintain a registered agent in Illinois within 60 days of notification of the Secretary of State by the resigning agent.
- 2. The registered office may, but need not be, the same as the principal office of the Limited Liability Company. However, the registered office and the office address of the registered agent must be the same.
- The registered office must include an Illinois street or road address (P.O. Box alone is unacceptable). The registered
 office address is limited to 30 characters including spaces. Consult <u>USPS.com</u> for help with standard formatting and
 abbreviations.
- 4. A Limited Liability Company cannot act as its own registered agent.
- 5. The registered agent must reside in Illinois. If the agent is a business entity, it must be authorized to act as an agent in this state. The registered agent may report a change of the registered office address of the Limited Liability Company for which he/she is a registered agent. When the agent reports such a change, this statement must be signed by the registered agent. If a business entity is acting as the registered agent, an authorized person must sign this statement.

FILE # 03376214 LLC-50.1 lilinois Limited Liability Company Act Oue prior to: 09/01/2012 July 2017 **Annual Report** Secretary of State This space for use by Secretary of Stille Department of Business Services Limited Liability Division Type or print clearly. 501 S. Second St., Rm. 351 Springheld, IL 62756 Filing Fee: \$75 217-524-8008 Series Fee, if required: www.cyberdriveillinois.com Penalty: Payment may be made by check Total: payable to Secretary of State. If check Approved: is returned for any reason this filing will be void. 1. Limited Liability Company name: SOUTH ELGIN REAL ESTATE HOLDINGS I, LLC Registered agent: James S Harkness Registered office: 1001 Warrenville Road, Ste 500, Lisle 2. State or country of organization: Illinois Date organized in or admitted to Illinois: 09/08/2010 3. Address of principal place of business: (P.O. Box alone is unacceptable.) 800 Roosevelt Road, Building E, Suite 218, Glon Ellyn, Illinois 60137 710 City State Number Steed 4. Names and business addresses of managers and any member with the authority of manager: Kim Westerkamp, 800 Roosevelt Road, Building E, Suite 218, Glen Ellyn, Illinois 60137 Name Number 3 Street Oily Slitte ZίΡ Name Number & Street Oity, State Number & Street Name City, State Name Number 3 Street City, State ZIP Mares Decober & Stress City, State Namo Manuter & Street City, State ŹĪĒ City State Haine Northar & Street (Add additional sheets of this size if more space is needed.) 5. Managers other than a natural person affirm their current existence. Changes to the registered agent and/or registered office must be submitted on Form LLC-1.36/1.37. 7. Laffirm, under penalties of perjury, having authority to sign thereto, that this Annual Report is to the best of my knowledge and belief, true, correct and complete. 2018 Dated: A late filing penalty of \$300 will apply Month/Day Year if this report is not filed within 60 days after the due date. Signature Kim Westerkamp, Manager Name and Title (Type or print)

Form LLC-50.1 FILE# 03376214 Illinois Limited Liability Company Act Due prior to: 09/01/2013 July 2017 **Annual Report** Secretary of State This space for use by Secretary of State Department of Business Services Limited Liability Division Type or print clearly. 501 S. Second St., Rm. 351 Springfield IL 62756 Filing Fee: \$75 217-524-8008 Series Fee, if required: www.cyberdriveillinois.com Penalty: Payment may be made by check Total: payable to Secretary of State. If check Approved: is returned for any reason this filing will be void. 1. Limited Liability Company name: SOUTH ELGIN REAL ESTATE HOLDINGS I, LLC Registered agent: James S. Harkness Registered office: 1001 Warrenville Road, Ste 500, Lisle Number Street 2. State or country of organization: _lllinois Date organized in or admitted to Illinois: 09/03/2010 3. Address of principal place of business: (P.O. Box alone is unacceptable.) 800 Roosevelt Road, Building E, Suite 218, Glen Ellyn, Illinois 60137 Number City, State 710 4. Names and business addresses of managers and any member with the authority of manager: Kim Westerkamp, 800 Roosevelt Road, Building E, Suite 218, Glen Ellyn. Illinois 60137 Name Number & Stress Oty State Name Number & Street City, State Name Number & Street City State Zif Name Number & Street City State Name Number & Street City State Name Number & Street City State 718 Number & Street City State 710 Manie (Add additional sheets of this size if more space is needed.) 5. Managers other than a natural person affirm their current existence. Changes to the registered agent and/or registered office must be submitted on Form LLC-1.36/1.37. 7. Laffirm, under penalties of perjury, having authority to sign thereto, that this Annual Report is to the best of my knowledge and belief, true, correct and complete. Dated: A late filing penalty of \$300 will apply Month/Dev Year if this report is not filed within 60 days after the due date. Kim Westerkamp, Manager Name and Title (type or print)

Form LLC-50.1 July 2017	Illinois Limited Liability Compar	ny Λct	Fil.E # 03376214 Due prior to: 09/01/2014
Secretary of State Department of Business Services Limited Liability Division 501 S. Second St., Rm. 351 Springfield IL 62756 217-524-8008 www.cyberdiveillinois.com	Type or print clearly Filling Fee: \$75 Series Fee, if required:		This spired for use by Secretary of State
Payment may be made by check payable to Secretary of State. If check is returned for any reason this filing will be void.	Annroyad		
Limited Liability Company name	SOUTH ELGIN REAL ESTATE HO	LDINGS I, LLC	
Registered agent: James S Har	kness		
Registered office: 1001 Warren	ril'e Road, Ste 500, Liste	City	
2. State or country of organization:	Illinois Date or	ganized in nr ad	mitted to Illinois: 09/08/2010
800 Roosevett Road, Building E	iness: (P.O. Box alone is unacceptab Suite 218, Glen Ellyn, Illinois 60137 Suite If managers and any member with the	City State	
Kim Westerkamp, 800 Rooseve	elt Road, Building F. Suite 218, Glen t Number & Street	City Shia	137 Zin
Name	Number & Street	City State	ZIP
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Mane	Rumber & Street (Add additional sheets of this size it more sp.	City State roats needed)	7tP
5. Managers other than a natural per	son affirm their current existence.		
6. Changes to the registered agent a	nd/or registered office must be submitt	ed on Form LLC)-1.36/1.3 7 .
 1 affirm, under penalties of perjury, and belief, true, correct and compl 	having authority to sign thereto, that ete.	this Annual Rep	ort is to the best of my knowledge
	Dated		2018
A late filing penalty of \$300 will applif this report is not filed within 60 dater the due date.		Month/Da	·
	Kim Wester	s kamp, Manager	gnature
		CH	Title (type or print)